HISTORY: Parental Comments/Concerns: Dental Screen: Brushing Teeth (minimal toothpaste)? Education re: white spots on teeth given? Yes	AHCCCS EPSDT Tracking Fo					
Primary Care Provider Name and Office Phone Number Accompanied by: Allergies: Birth W: Weight: Percentile: Length: Percentile: Head Circ: Percentile: Birth W: Percentile: Length: Percentile: Head Circ: Percentile: Resp: Parental Comments/Concerns: Parental Comments/Concerns: Parental Screen: Brushing Teeth (minimal toothpaste)? Education re: white spots on teeth given? Yes	Age					
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Dental Screen: Brushing Teeth (minimal toothpaste)? Education re: white spots on teeth given? Yes						
Nutritional Screen: Breast Feeding: Formula (type): Supplements: Solids: Developmental Screen: Age Appropriate? (e.g., pulls to stand, may say "mama/dada", crawls/creeps) Ruspicious, specific objective testing performed Physicious, specific objective testing performed Pest						
Developmental Screen: Age Appropriate? (e.g., pulls to stand, may say "mama/dada", crawls/creeps Fisuspicious, specific objective testing performed PHYSICAL EXAM Yes No Describe abnormal findings: LABS ORDERED:						
Separation Sep						
Behavioral Screen: Age appropriate? (parental interview) PHYSICAL EXAM Are the following normal? 1. Skin/Hair/Nails 2. Ear/Hearing 3. Eyes/Vision (red reflex) 4. Mouth/Throat/Teeth 5. Nose/Head/Neck 6. Heart 7. Lungs 8. Abdomen 9. Genitourinary 10. Extremities 11. Spine (scoliosis) 12. Neurological ASSESSMENT & PLAN: IMMUNIZATIONS: Pt. needs immunizations? Yes No Delayed? Deferred? Given today? Hep B DTaP Hib IPV PCV Influenza Other ANTICIPATORY GUIDANCE 1. Injury prevention 2. Car seat Parenting practices 3. Injury prevention 4. Required if not previously) 4. Reguired if not previously 4. Required if not previously 4. Required if not previously 4. Required if not previously 4. Mouth/Throat/Teeth 5. Nose/Head/Neck 6. Heart 7. Lungs 8. Abdomen 9. Genitourinary 10. Extremities 11. Spine (scoliosis) 12. Neurological 4. ADDITIONAL LABS 4. Postpartum adjustment 12. Postpartum adjustment 13. Postpartum adjustment 14. Parenting practices 15. Parenting practices 16. Parenting practices 17. Parenting practices 17. Parenting practices 17. Parenting practices 18. Parenting	110					
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ABDITIONAL LABS Specify:						
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Given today? Hep B DTaP Hib IPV PCV Influenza Other ANTICIPATORY GUIDANCE Injury prevention Car seat Parenting practices Drowning prevention Passive smoke Family involvement						
ANTICIPATORY GUIDANCE Injury prevention Car seat Parenting practices Family involvement						
Emergency/911 • Wean from bottle/cup use • Next appt./transportation needed?						
REFERRALS: CRS WIC DDD ALTCS Specialty Other						